

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/965135 FILING DATE  
APPLICANT(S)

CLAIMS

Table with columns: AS FILED (IND., DEP.), AFTER 1st AMENDMENT (IND., DEP.), AFTER 2nd AMENDMENT (IND., DEP.), and rows 1-100. Includes handwritten entries and a summary row at the bottom.

BEST AVAILABLE COPY

18/13/09

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS